
**THESE FORMS CAN ONLY BE SUBMITTED IF YOU HAVE A
FINAL ASSESSMENT IN THE COLLECTION SERVICES DIVISION**

***FORMAL INSTALLMENT PAYMENT REQUEST FOR FINAL
ASSESSMENTS***

Code Section, §40-2A-4(b)(6), Code of Alabama 1975, authorizes the Department of Revenue to enter into a written payment agreement when it will facilitate collection of the tax liability. The agreement may be limited to a period not to exceed twelve months. Basically, this means the Department may extend an installment payment plan to you if it is in the best interest of the Department to do so. **You should be aware that completion of the collection information statement and enclosing a payment does not automatically guarantee an installment payment agreement will be extended.**

Enclosed is a Collection Information Statement that must be completed. The requested proof of information and the first proposed payment must be attached to your Collection Information Statement and returned to this office. ***Failure to include the first payment may result in the Department taking collection action. If you fail to comply with all of the listed requirements, your proposal will be considered incomplete and will not be processed.*** Collection action as authorized under §40-2-11(16), Code of Alabama 1975, may include seizing wages, bank accounts, real and/or personal property or rights to property belonging to you in the amount necessary to satisfy your tax liability.

You will be notified in writing whether your completed proposal has been approved, denied or adjusted. ***PLEASE NOTE: Incomplete forms will not be processed and immediate collection action will proceed without written notice.*** Even if your plan is approved, liens may be filed as provided by §40-1-2, Code of Alabama 1975, on behalf of the State that may affect your credit history.

If you have any questions concerning this letter and/or the following form, please call our office at (334) 242-1220 or use facsimile number (334) 242-8342.

Alabama Department of Revenue
Collection Services Division
P. O. 327820
Montgomery, Al 36132-7820



ALABAMA DEPARTMENT OF REVENUE
COLLECTION SERVICES DIVISION

C: 41E (11/03) — PAGE 1

OFFICE USE ONLY

Case No. _____

GR: _____

☐ Yes ☐ No

Affidavit

Under penalties of perjury, I declare that I have examined the information given in this financial statement and, to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement. I agree to give written notice to the Alabama Department of Revenue of any material changes in this information.

INITIAL

I understand that my failure to maintain current tax liabilities will void any payment agreement.

INITIAL

I also understand I must include proof of all income, expenses, etc. (see page 4 for examples) for this collection information statement to be considered as complete. Failure to do so will result in this application not being processed.

INITIAL

I also understand that my failure to list all assets and document expenditures will void any payment agreement.

INITIAL

I am proposing to send \$ _____ per month, since I do not have available at this time financial sources to pay this liability in full.

INITIAL

★ ★ ★ **FIRST PAYMENT MUST BE RETURNED WITH THIS FORM** ★ ★ ★

I understand that an installment payment agreement, if approved, may be considered as a balloon note with the balance payable in full at the end of the agreement period.

INITIAL

★ ★ ★ **INCOMPLETE / INACCURATE FORMS WILL NOT BE PROCESSED**
AND THE DEPARTMENT WILL PROCEED WITH COLLECTION ACTION. ★ ★ ★

TAXPAYER'S SIGNATURE

SPOUSE'S SIGNATURE

DATE

DATE

All forms must be signed and include all proofs/documents required.

Return the collection information packet to:

Alabama Department of Revenue
Collection Services Division
P.O. Box 327820
Montgomery, AL 36132-7820

Telephone: (334) 242-1220
Fax: (334) 242-8342

PLEASE TYPE OR PRINT — COMPLETE ALL INFORMATION

SPOUSE'S FULL NAME		SPOUSE'S DATE OF BIRTH	SPOUSE'S HOME AREA CODE & PHONE NO.
SPOUSE'S HOME ADDRESS		SPOUSE'S SOCIAL SECURITY NUMBER	SPOUSE'S DRIVERS LICENSE NO.
CITY	STATE	ZIP CODE	FAX NUMBER (INCLUDE AREA CODE)
SPOUSE'S OCCUPATION		HOW LONG?	SPOUSE'S POSITION OR JOB TITLE
BUSINESS NAME AND ADDRESS (IF YOU OPERATE A BUSINESS)			BUSINESS AREA CODE AND TELEPHONE NO.
SPOUSE'S EMPLOYER NAME AND ADDRESS		EMPLOYER'S AREA CODE & TELEPHONE NO.	SPOUSE'S PAYDAYS (Circle Day And Frequency) M T W T H F S S WKLY / BI WKLY / MNTHLY / SEMI MNTHLY

[illegible]

BANK ACCOUNTS — Three Most Recent Months Statements Must Be Provided (Including Savings & Loans, Credit Unions, Certificates of Deposit, Individual Retirement Accounts)

NAME OF INSTITUTION	ADDRESS	TYPE OF ACCOUNT (Checking / Savings, CD / IRA)	ACCOUNT NO.	BALANCE

CREDIT CARDS, CHECKING OVERDRAFT PROTECTION, LINE OF CREDIT

NAME OF CREDIT CARD, BANK, ETC.	MINIMUM MONTHLY PAYMENT	CREDIT LIMIT	BALANCE OWED

LIFE INSURANCE

NAME OF COMPANY	POLICY NUMBER	AMOUNT YOU CAN BORROW ON THE POLICY

REAL PROPERTY (Attach Copy Of All Deeds And Mortgages)

PRIMARY RESIDENCE ADDRESS	COUNTY AND STATE	DATE PURCHASED	PURCHASE PRICE	PAID TO (Name Of Person Or Bank)	BALANCE OWED

REAL PROPERTY — OTHER THAN PRIMARY RESIDENCE (Attach Copy Of All Deeds And Mortgages)

ADDRESS	COUNTY AND STATE	DATE PURCHASED	PURCHASE PRICE	PAID TO (Name Of Person Or Bank)	BALANCE OWED

MOTOR VEHICLES (Leased And Owned)

YEAR, MAKE, MODEL, AND TAG NUMBER	MONTHLY PAYMENT	PURCHASE PRICE	DATE LOAN WILL BE PAID OFF	BALANCE OWED
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN				
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN				
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN				
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN				

PERSONAL PROPERTY (Boats, Recreational Vehicles, Computer, Jewelry, TV, Furniture, Etc.)

	PURCHASE PRICE	BALANCE OWED
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN		
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN		
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN		

PERSONAL LOANS / ACCOUNTS RECEIVABLE — (If you have loaned money to individuals or businesses, please specify.)

NAME OF PERSON/BUSINESS	ADDRESS, CITY, STATE, ZIP	AMOUNT LOANED	BALANCE OWED	MONTHLY PAYMENT

OTHER INVESTMENTS (Stocks, Bonds, Etc.)

DESCRIPTION	CURRENT VALUE		BALANCE OWED	

GENERAL INFORMATION

Are you a partner, stockholder, or officer in any other business venture? ☐ YES ☐ NO If Yes, list company: _____

Do you have a will? ☐ YES ☐ NO Name of Executor: _____

MONTHLY INCOME

Your gross pay (attach two recent pay stubs)	\$	
Spouse's gross pay (attach two recent pay stubs)		
Rental income		
Pensions		
Social Security		
Disability		
SSI		
Military		
Other		
Profit from business (attach statement)		
Commissions		
National Guard / Military Reserve pay		
ADC / General Assistance		
State / Federal Assistance		
Food Stamps		
Child Support payments		
Alimony		
Unemployment Compensation		
Royalties		
Interest income		
Retirement income		
IRA's		
Federal Income Tax refund		
College Student Loan/Financial Aid		
Personal Loans/Accounts Receivable		
Other income — Provide Documentation (List source:)		
TOTAL INCOME		

MONTHLY EXPENSES

(EXPENSES MUST BE REASONABLE FOR THE SIZE OF YOUR FAMILY, LOCATION, AND UNIQUE CIRCUMSTANCES)

Rent	\$	
Mortgage		
Groceries		
Utilities		
Electricity		
Heating oil / natural gas		
Water		
Telephone		
Base		
Long distance		
Cellular phone / beeper		
Cable / Satellite		
Internet service		
Security system monitoring		
Lawn care		
Transportation (gas, bus fares)		
Medical Expenses		
Insurance		
Drugs (not covered by insurance)		
Doctors, hospitals, etc. (not covered by insurance)		
Insurance		
Auto		
Life		
Homeowners / renters		
Auto Loans — name of financing company, bank, etc.		

Installment Payments — name of store, bank, credit card		

Alimony (expiration date: _____)		
Child Support (expiration date: _____)		
Garnishments (expiration date: _____)		
Miscellaneous		
Union dues		
Child care		
Contributions (e.g., church)		
Personal club dues (e.g., hunting, country, fitness)		
Private school tuition / expenses		
College tuition / expenses		
Other (explain) _____		
TOTAL Monthly Expenses		

In order to substantiate your income and expenses, you must include proof of the following:

- Employment (two most recent pay stubs)
- Unemployment Compensation
- ADC / General Assistance
- State / Federal Assistance
- Medical Costs Documentation
- Utility Costs Documentation (include copy of most recent power bill)
- Bank Accounts (3 most recent statements)
- Child Support Payments (court order)
- Alimony (court order)
- Garnishment
- Disability (SSI, military, etc.)
- Rental Income (renter's name and address)
- Credit Card Billing Copies
- Installment Payment Copies